

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**Individual Income Tax Return 2000**  
**RESIDENT FILING FEDERAL RETURN**  
Calendar Year 2000

DO NOT WRITE OR STAPLE IN THIS SPACE



**USE THIS FORM ONLY IF YOU ARE FILING A  
FEDERAL TAX RETURN FOR 2000.**

☐ Check box if address is new or changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code		Spouse's occupation

FILING STATUS (Check only ONE box)	1 <input type="checkbox"/> Single
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. •
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died • ).

EXEMPTIONS	<b>CAUTION:</b> If you can be claimed as a dependent on another person's tax return (such as your parents'), <b>DO NOT</b> check box 6a, but be sure to check the box above line 20.		
	6a <input type="checkbox"/> Yourself..... <input type="checkbox"/> Age 65 or over.....	} Enter the number of boxes checked on 6a and 6b.....	
	6b <input type="checkbox"/> Spouse..... <input type="checkbox"/> Age 65 or over.....		
	6c Enter the number of your dependent children listed on federal return.....	6c	
	6d Enter the number of other dependents listed on federal return.....	6d	
6e Total number of exemptions claimed. Add numbers entered in boxes above.....	6e		

COMPUTATION OF HAWAII ADJUSTED GROSS INCOME	7 Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ.....	7•		00
	8 Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions).....	8		00
	9 Interest on out-of-state bonds (including municipal bonds).....	9		00
	10 Other Hawaii additions to federal AGI (see page 11 of the Instructions).....	10		00
	11 Add lines 8 through 10.....	Total Hawaii additions to federal AGI		
	12 Add lines 7 and 11.....	11•		00
	13 Pensions taxed federally but not taxed by Hawaii.....	12		00
	14 Social security benefits taxed on federal return.....	13		00
	15 First \$1,750 of military reserve or Hawaii national guard duty pay.....	14		00
	16 Payments to an individual housing account.....	15•		00
17 Other Hawaii subtractions from federal AGI (see page 14 of the Instructions).....	16•		00	
18 Add lines 13 through 17.....	17		00	
19 Line 12 minus line 18.....	Total Hawaii subtractions from federal AGI			
	18•		00	
	Hawaii AGI ➤			
	19•		00	

ROUND TO THE NEAREST DOLLAR

DEDUCTIONS AND COMPUTATION OF TAXABLE INCOME	<b>CAUTION:</b> If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> • and see the Instructions on page 15.			
	20 If you do not itemize your deductions, go to line 21 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.			
	20a Medical and dental expenses (from Worksheet A-1).....	20a•		00
	20b Taxes (from Worksheet A-2).....	20b•		00
	20c Interest expense (from Worksheet A-3).....	20c•		00
	20d Contributions (from Worksheet A-4).....	20d•		00
	20e Casualty and theft losses (from Worksheet A-5).....	20e•		00
	20f Miscellaneous deductions (from Worksheet A-6).....	20f•		00
	21 Enter the larger of: } <b>Itemized Deductions</b> — If line 19 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 26 of the Instructions. If not, add lines 20a through 20f. <b>OR</b> } <b>Standard Deduction</b> shown below for your filing status. Single — \$1,500      Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900      Married filing separately — \$950	21•		00
	22 Line 19 minus line 21. (This line <b>MUST</b> be filled in).....	22•		00
23 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 20 of the Instructions.....	23•		00	
24 <b>Taxable Income.</b> Line 22 minus line 23 (but not less than zero).....	24•		00	

• ATTACH COPY 2 OF FORM W-2 HERE •

<b>TAX COMPUTATION</b>	<b>25</b>	Amount from line 24 (Taxable Income) .....	<b>25</b>		<b>00</b>
	<b>26</b>	<b>Tax.</b> Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 26 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • ..... (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814) ..... <b>Tax</b> ➤	<b>26•</b>		<b>00</b>
<b>NONREFUNDABLE CREDITS</b>	<b>27</b>	Income tax paid to another state or to a foreign country (from Worksheet on page 26 of the Instructions) .....	<b>27•</b>		<b>00</b>
	<b>28</b>	Energy Conservation Tax Credit (attach Form N-157).....	<b>28•</b>		<b>00</b>
	<b>29</b>	Enterprise Zone Tax Credit (attach Form N-756).....	<b>29•</b>		<b>00</b>
	<b>30</b>	Low-Income Housing Tax Credit (attach Form N-586) .....	<b>30</b>		<b>00</b>
	<b>31</b>	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884).....	<b>31•</b>		<b>00</b>
	<b>32</b>	High Technology Business Investment Tax Credit (attach Form N-318) .....	<b>32•</b>		<b>00</b>
	<b>33</b>	Individual Development Account Contribution Tax Credit (attach Form N-320) .....	<b>33</b>		<b>00</b>
	<b>34</b>	Add lines 27 through 33..... <b>Total Non-Refundable Credits</b> ➤	<b>34•</b>		<b>00</b>
<b>35</b>	Line 26 minus line 34 (but not less than zero)..... <b>Balance</b> ➤	<b>35</b>		<b>00</b>	
<b>TAX PAYMENTS AND REFUNDABLE CREDITS</b>	<b>36</b>	Hawaii State Income tax withheld and tax withheld on IHA distribution .....	<b>36•</b>		<b>00</b>
	<b>37</b>	2000 estimated tax payments .....	<b>37•</b>		<b>00</b>
	<b>38</b>	Amount of estimated tax applied from 1999 return .....	<b>38•</b>		<b>00</b>
	<b>39</b>	Amount paid with extension(s) .....	<b>39•</b>		<b>00</b>
	<b>40</b>	Low-Income Refundable Tax Credit (attach Schedule X) <b>DHS, etc. exemptions</b> • .....	<b>40•</b>		<b>00</b>
	<b>41</b>	Credit for Low-Income Household Renters (attach Schedule X) .....	<b>41•</b>		<b>00</b>
	<b>42</b>	Credit for Child and Dependent Care Expenses (attach Schedule X) .....	<b>42•</b>		<b>00</b>
	<b>43</b>	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice).....	<b>43•</b>		<b>00</b>
	<b>44</b>	Capital Goods Excise Tax Credit (attach Form N-312).....	<b>44•</b>		<b>00</b>
	<b>45</b>	Fuel Tax Credit for Commercial Fishers (attach Form N-163) .....	<b>45•</b>		<b>00</b>
	<b>46</b>	Hotel Construction and Remodeling Tax Credit (attach Form N-314) .....	<b>46•</b>		<b>00</b>
	<b>47</b>	Motion Picture and Film Production Income Tax Credit (attach Form N-316) ....	<b>47•</b>		<b>00</b>
<b>48</b>	Tax Credit for Increasing Research Activities (attach Form N-318).....	<b>48•</b>		<b>00</b>	
<b>49</b>	Other credits (attach list and see page 23 of Instructions).....	<b>49•</b>		<b>00</b>	
<b>50</b>	Add lines 36 through 49..... <b>Total Payments and Credits</b> ➤	<b>50•</b>		<b>00</b>	
<b>REFUND OR AMOUNT YOU OWE</b>	<b>51</b>	If line 50 is larger than line 35, enter the amount <b>OVERPAID</b> (line 50 minus line 35) .....	<b>51•</b>		<b>00</b>
	<b>52</b>	Amount of line 51 to be <b>REFUNDED TO YOU</b> ..... <b>Refund</b> ➤	<b>52•</b>		<b>00</b>
	<b>53</b>	Amount of line 51 to be <b>applied</b> to your <b>2001 ESTIMATED TAX</b> .....	<b>53•</b>		<b>00</b>
	<b>54</b>	If line 35 is larger than line 50, enter the <b>AMOUNT YOU OWE</b> (line 35 minus line 50). Use Form N-200V to send your payment to the Department of Taxation. If you are filing your return late, see page 24 of the Instructions ..... <b>Balance Due</b> ➤	<b>54•</b>		<b>00</b>
<b>55</b>	Estimated tax penalty. (See page 24 of Instructions.) Also include on line 51 or 54, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/> ..	<b>55•</b>		<b>00</b>	
<b>56</b>	If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only. .... • <input type="checkbox"/>				
<b>TAXPAYER QUESTIONNAIRE</b>	<b>57</b>	Did you file a federal Schedule C? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts ....., your Hawaii General Excise/Use Tax I.D. Number for this activity ....., and main business activity/product: ..... / .....			
	<b>58</b>	Did you file a federal Schedule E? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross rents received ..... and your Hawaii General Excise/Use Tax I.D. Number for this activity .....			
	<b>59</b>	Did you file a federal Schedule F? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts ....., your Hawaii General Excise/Use Tax I.D. Number for this activity ....., and main business activity/product: ..... / .....			

**HAWAII ELECTION  
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

**DECLARATION**

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

<b>PLEASE SIGN HERE</b>	➤ _____ Your signature	Date	➤ _____ Spouse's signature (if filing jointly, BOTH must sign)	Date
	★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 39 of the Instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Paid Preparer's Information	Preparer's Signature and date ➤ _____ Firm's name (or yours if self-employed), Address, and ZIP Code ➤ _____	Preparer's identification number Federal E.I. No. ➤ _____ Phone no. ➤ _____	Check if self-employed ➤ <input type="checkbox"/>